SUBMIT: <u>COMPLETED</u> APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Stamp (Received)

APPLICATION FOR PERMIT

AUG w 1.2017

Permit #: Refund: Date: Amount Paid: h18 17-04/6 11-1 8,31

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept.

	× 	^					Other: (explain)	- Oth	
	×					xplain)	Conditional Use: (explain)	Con	
A THE THE PROPERTY OF THE PROP	×					n)	Special Use: (explain)	_	
								_	
	×			TOTAL STREET, AND THE STREET,	Accessory Building Addition/Alteration (specify)	Addition/Alte	essory Building	Acc	
	X					(specify)	Accessory Building	+	
	×				-	n (specify)	Addition/Alteration (specify)	-	Municipal Use
	; ×	1				ufactured date)	Mobile Home (manufactured date)	_	
	×		od prep facilities)	r □ cooking & fc	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	anitary, or 🗆 sl	khouse w/ (□ s		
448	× /6	2			ro	with Attached Garage	with A		Commercial Use:
	X			Tax10	backete	with (2")-Deck-	with (2		Secretarial Sta
124/	-	1/2		27/0	acrete to	0	with a		
7.7.1				9 / 6		with (2"") Porch	with (2		8 2
	×	_			esteriores de verteras de la company de la c	Porch	with a Porch	-	Residential Use
	×					oft	with Loft		Hec'd for Issua
1408	4×32)	(44			ck, etc.)	in, hunting sha	Residence (i.e. cabin, hunting shack, etc.)	×	
	×)				e on property)	(first structure	Principal Structure (first structure on property)	Prin	
Square Footage	Dimensions	Din		2	Proposed Structure	Pro		•	Proposed Use
0	neight: /				religin: //				- roposca construction.
0	Height		Width:		Length:		olied for is relevar	ermit being app	Existing Structure: (if permit being applied for is relevant to it) Bronged Construction:
							l h		
	Helicher		- 1			Siab	- 1		
	act)	ice contr	Compost Toilet	i		Foundation		Property	Pr
	Portable (w/service contract)	ice contr		None		No Basement	_	Run a Business on	= c
	nype:) Vault	Britary (Bit) or Wanted (m	0		PP -		Relocate (existing)	165
_ Well	Specify Type: //owno	Specify	(New) Sallitary	2 2	year Koung	1-5(OFY + LOIT		- Conversion	T
	1		(Now) Sonitory) -		-		Addition (Alternation	
			Municipal/City	<u> </u>		SV S	×	ow Construction	
Water	pe of ry System operty?	What Type of wer/Sanitary Syste Is on the property?	What Tyy Sewer/Sanitaı Is on the pr	# of bedrooms	Use	# of Stories and/or basement	# of and/or	Project	of Completion * include donated time & material
			Walling the state of the state						Value at Time
25		-	Torritoria de la constanta de				HARAWARI CO. C. C.		X Non-Shoreland
□ No →	□Yes		is from Shorelin	Distance Structure	Pond or Flowage If yescontinue	t of Lake, Pond o	□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Property/Land	
Are Wetlands Present?	Is Property in Floodplain Zone?	<u> </u>	Distance Structure is from Shoreline:	Distance Structu	(incl. Intermittent)continue ──►	of River, Stream	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? f yescontinue	Property/Land ek or Landward	• •
10	7			nta	Orienta	W	_ N, Range _	, Township	Section 32
	Acreage	Lot Size	Lot		Town of:	20		ı	2
78490C		Subdivision:	Block(s) No. Sub	Lot(s) No.	Vol & Page	Lot(s) CSM	Gov't Lot	1/4	SE 1/4, SE
	2016 R-	Document #: 20	Docu		26241		(Use Tax Statement)	Legal Description:	
assigned by Register of Deeds)	d (i.e. # assigned by R	Recorded Deed (i.e. #	3	ron Wook		Tax ID# (4-5 digits)		***************************************	5 S
rthorization	Written Au Attached	ite/Zip):	include City/Sta	Agent Mailing Address (1	12/2/2		on behalf of Owner(s)	igning Application c	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Plumber Phone: 115 - 360 - 000 /	Plumber Phone: 715 - 360 -	W.	Plum	Plumber: Futus	one: -3/57	•	ronwad, Inc	3 of ho	Contractor: Woodfech Builders of
17-9432	715-347-		*	W1 54847	15	1000 1		1. Rd.	2740 Hauta
. 100		192	04, W/ >446	A KA TIOVER,	e/Zip:	City/State/Zip:	2	To ve	Address of Property:
7-0001	715-247		, , , , , , , , , , , , , , , , , , ,				,	•	
HER	B.O.A. OTHER		☐ CONDITIONAL USE ☐ SPECIAL USE	CONDITIONAL		SANITARY PRIVY	X LAND USE	1000	TYPE OF PERMIT REQUESTED—>

0 W 702

FAILURE TO OBTAIN A PERMIT OLY STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Copy of Ta	49938	2	Address to send permit 21 & Frederick St. Francisod, MI 49938	8	rek	Frede	177	ermit 239	Address to send p
. ~	plication)	any this ap	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application	a letter of a	e owner(s)	behalf of the	ing on	(If you are sign	
Date 0/2			The state of the s					7	uthorized Agent:
•	this application)	ccompany	(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application	ign <u>or</u> lette	ners must s	eed All Owr	n the E	le Owners listed o	(If there are Multip
Date			THE THE PERSON NAMED AND PARTY OF TH)wner(s):

Copy of Tax Statement chased the property send your Recorded Deed

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)	est point)				Average and the second
Description	Measurement	•		Description	Measurement
				- Address - Addr	A CONTRACTOR OF THE PARTY OF TH
Setback from the Centerline of Platted Road	100	Feet	Se	Setback from the Lake (ordinary high-water mark)	100 'r Feet
Sethack from the Established Right-of-Way	123	Feet	Se	Setback from the River, Stream, Creek	100 + Feet
CONTRACT		100	Se	Setback from the Bank or Bluff	/00 '+ Feet
Setback from the North Lot Line	100'	Feet		Acceptance of the control of the con	
Setback from the South Lot Line	62'	Feet	Se	Setback from Wetland	/00 ≠ Feet
Sethack from the West Lot Line	4,54	Feet	2	20% Slope Area on property	☐ Yes ► No
	1,00/3 EED 25	Feet	<u> </u>	Elevation of Floodplain	/ Feet
Setback to Septic Tank or Holding Tank	1517	Feet	Se	Setback to Well	50 7 Feet
Setback to Drain Field	25'±	Feet		ALLEGO TO THE PROPERTY OF THE	A STATE OF THE STA
Setback to Privy (Portable, Composting)	NA	Feet			100000000000000000000000000000000000000
Prior to the placement or construction of a structure within ten (10) feet	of the minimum required s	etback, the	e bounda	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible must be visible minimum one previously surveyed control to the	te previously surveyed contact to the

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible fron sly surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

ner's expe

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code To Enforce The Uniform Dwelling Code To Enforce The Uniform Dwelling Code The Construction Of New One & Two Foundations of the Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code For The Unif

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Hold For Sanitary:	Signature of Inspector:	must san	Condition(s): Town, Committee or Board Conditions Attached? Tyes No - (If No they need to be attached.)	Date of Inspection:	moretion 75' setback wanted by Surveyer	Inspection Record: SUNDEN	Was Parcel Legally Created Wyes I No Was Proposed Building Site Delineated Yes I No	Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: 17-0416	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For TBA:		permit + inspection	oard Conditions Attashed? ☐ Y	Inspected by:	Start ran	E A ROBERT	ted Ves I No	#:	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	Permit Date:	Reason for Denial:	
Hold For Affidavit:		ion requi	es \(\text{No} - \(\text{If \(\text{No} \) they need to be	d by:	ad by Survey	S LO SOUTE	Were Property	Previously Grante	No Mitigation Required No Mitigation Attached	ate: 10-11-17	or Denial:	Sanitary Number: 17-183S
Hold For Fees:			attached.)		Z	resh or	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:				# of bedrooms:
	Date of Approval:			Date of Re-Inspection:	Lakes Classification (Zoning District	Yes	#	Affidavit Required Affidavit Attached			Sanitary Date:
	, and the second			on:	(文本)	T)	No No		□ Yes No			

Village, State or Federal ay Also Be Required

USE - X NITARY - 17-123S IGN -SPECIAL - Class A CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

17-0416 **Vernon Lovejoy** Issued To: No. SE SE 32 Orienta Location: 1/4 of Section Township Range 9 W. Town of Gov't Lot Subdivision CSM# Lot Block

For: Residential Use: [1- Story; <u>Residence</u> (44' x 32') = 1,408 sq. ft.; <u>Patio #1</u> (12' x 12') = 144 sq. ft.; <u>Patio #2</u> (4' x 4') = 8 sq. ft.; <u>Attached Garage</u> (28' x 16') = 448 sq. ft.] Total Overall = 2,016 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspection required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

October 11, 2017

Date